

TAC AGENDA

Old Business:

- Requiring physicians to be Medicaid enrolled prior to obtaining services with a prior authorization.
- Modifiers for multiple therapy visits.
- Denial Codes not clear
- Difficulty determining eligibility and PA's-
- Inability to determine what the EOP is payment
- Division of Policy and Operations & list of programs
- 2nd Tier contacts from MCO's

NEW BUSINESS

PRE AUTH Requiring an MD order:- Since January TAC, questions for issues were posed to the membership, and phone calls were made to a number of providers. This issue seems to be resolved for the most part and is no longer considered to be a "statewide issue" However, there is one Public Health Dept. that is having some difficulties and resolution is needed.

Aetna: N94 Claims/service denied because of more specific taxonomy code is required for adjudication

Wellcare:

IH126 denied: Exceeds maximum number of units (although most times the units have not been exceeded/even when resubmitting to one unit it will deny for too many)

W262: No taxonomy info to accompany the submitted NPI for either the rendering or bill-to-provider

Anthem: EOB/EPSTDT (CBP – GDP)

Ordering and Referring Physicians and Medicaid Enrollment:

MCO's: Update the TAC on any changes that HH should be aware of with the new MCO contracts?

Charles Douglass: Have the billing instructions been updated to reflect the changes to the UB which is used to bill? Where does the claim acknowledge the location of the validation to the "said physician"?

-*ORP presentation at the Conference in May* and KHCA needs to obtain the education table to promote to the membership.

OTHER BUSINESS

Issues relating to HCBW II or MWMA:

-KHCA needs the contact of a high level administrator (would this be Tonia Wells, Lynn Flynn, Stephanie Bates?) to discuss issues or general questions as a direct communication for KHCA to regularly converse with the policies and changes as it relates to the waivers within the home health agencies for resolutions

-KHCA's 2017 Membership renewal indicates that a number of Home Health agencies have dropped out of the program, where do the patients go? Case managers are calling and asking for Waiver care in counties that do not provide the service. How should KHCA respond to those questions?

-The copy of the Case Manager Directory and HCB provider listing sent in September 2016 is out of date and a new listing needs to be provided. When will that be issued?

-FACE-TO-FACE: In the 2016 report for Medicare Review Denials, it was indicated that the HHA in KY had high denial rates. How are the HHA rating for the denial rates for Medicaid with regards to the waiver program?

-Report Card-How will the state be gauging how the waiver program is going? Will there be a statistical report to view how the submission of claims that are being processed and the timeline for payments & number of denials/appeals? What are the main denials so we can align a education strategy for those who are still providing waiver.

TAC List- Formalize a list of names.

A current spreadsheet of all HH TAC members for CHFS/DMS/MCO'S/HHTAC. Prior to Robbie leaving office the HH TAC had provided as requested a new list of our members and a complete list was to be sent to the Chair. To date nothing has been received.

For internal use only, I would need the following:

Full Name	Organization	Title	Email	Phone Number
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New Conditions of Participations:

The final rule has issued implementation of the new CoP's for medicare. Will Medicaid be implementing any changes related to those? If so any insights as to what are they, and determination of timelines?

Telehealth:

KY was selected as one of four states to participate in the ASTHO (Association of State and Territorial Health Officials which is a non-profit representing public health agencies) initiative and receive assistance with the development of the telehealth strategic plan. The Telehealth Board discussed whether HB450, which relates to a "health benefit plan", applies to Medicaid and MCO's. Can we get an update or insights on whether or not Medicaid or any MCO have any plans to reimburse?

NEXT DATE OF MEETING: MAY 24th